

Case Number:	CM14-0033229		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2013
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiologist, and is licensed to practice in FLorida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who reported injury on 09/11/2013. The mechanism of injury was the injured worker was going down some stairs when he misstepped and slipped twisting and jamming his right knee. The medication history included cyclobenzaprine and sumatriptan since the earliest note of 11/2013. The documentation of 02/11/2014 revealed the injured worker had persistent pain in the neck, aggravated by repetitive motions. Diagnoses included cervical discopathy, lumbar discopathy, rule out internal derangement bilateral shoulders, and carpal tunnel/double crush syndrome. Previous treatments were not provided. The treatment plan included chiropractic care, an MRI of the lumbar spine, an MRI of the bilateral shoulders and EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been utilizing the medication at least since 10/2013. There was lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was no PR-2 submitted requesting the medication. Given the above, the request for cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary.

Sumatripan succinate tablets 25mg #9 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines indicate that triptans are supported for the treatment of migraine headaches. There was no PR-2 submitted with objective findings. This medication was noted to be utilized since at least 11/2013. There was lack of documentation indicating a necessity for 2 refills. There was lack of documentation of efficacy for the requested medication and the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for sumatriptan succinate tablets 25 mg #9 x2 is not medically necessary.